

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 575345

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
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25	1					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101								151					
102								152					
103								153					
104	1							154					
105								155					
106								156					
107								157					
108								158					
109								159					
110								160					
111								161					
112	2							162					
113								163					
114								164					
115								165					
116	2							166					
117								167					
118								168					
119								169					
120								170					
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127								177					
128								178					
129								179					
130								180					
131								181					
132								182					
133								183					
134								184					
135								185					
136								186					
137								187					
138	1							188					
139								189					
140								190					
141	①							191					
142								192					
143								193					
144								194					
145	1							195					
146								196					
147								197					
148	1							198					
149								199					
150								200					
TOTAL IND.	12							TOTAL IND.					
TOTAL DEP.	145	←						TOTAL DEP.					
TOTAL CLAIMS	157	██████████						TOTAL CLAIMS	██████████				